

APPLICATION DATA SHEET

Application Information

Application Number::	09/632,933
Filing Date::	August 4, 2000
Application Type::	Regular
Subject Matter::	SYNCHRONIZATIONOFFSET
Suggested Classification::	
Suggested Group Art Unit::	2131
CD-ROM or CD-R?::	None
Number of CD Disks::	None
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	SYNCHRONIZATION OF AUTHENTICATION CIPHERING OFFSET
Attorney Docket Number::	040070-692
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	7
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

Applicant Information

Applicant Authority Type::

Primary Citizenship Country:: Swedish

Status:: Full Capacity

Given Name:: Joakim

Middle Name::

Family Name:: Persson

Name Suffix::

City of Residence:: Lund

State or Province of Residence:: Sweden

Country of Residence:: Sweden

Street of Mailing Address:: Iliongränden 197

City of Mailing Address:: Lund

State or Province of Mailing Address:: Sweden

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing

Address:: 224 72

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/168,375	12/02/99

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Telefonaktiebolaget LM Ericsson (Publ.)
Street of Mailing Address:: Lliongränden 197
City of Mailing Address:: 224 72 Lund, Sweden
State or Province of Mailing Address:: Lund
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: 224 72

APPLICANT INFORMATION CONTINUED

Applicant Authority Type::

Primary Citizenship Country:: Swedish

Status:: Full Capacity

Given Name:: Tobias

Middle Name::

Family Name:: Melin

Name Suffix::

City of Residence:: Malmö

State or Province of Residence:: Sweden

Country of Residence:: Sweden

Street of Mailing Address:: St. Knutsväg 4A

City of Mailing Address:: Malmö

State or Province of Mailing Address:: Sweden

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing

Address:: 211 57

APPLICANT INFORMATION CONTINUED

Applicant Authority Type::

Primary Citizenship Country:: Swedish

Status:: Full Capacity

Given Name:: Bernard

Middle Name::

Family Name:: Smeets

Name Suffix::

City of Residence:: Dably

State or Province of Residence:: Sweden

Country of Residence:: Sweden

Street of Mailing Address:: Dalbackavägen 11

City of Mailing Address:: Dably

State or Province of Mailing Address:: Sweden

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing

Address:: 240 10